

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530604

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1		1			
18		1		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		8		1		
31		8		1		
32	1		1			
33						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	37	←	29	←		←
TOTAL CLAIMS	40	[REDACTED]	32	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]